



SOLDOTNA AREA SENIOR CITIZENS, INC.

197 West Park Avenue
Soldotna, AK 99669
(907) 262-2322



SOLDOTNA SENIOR INDEPENDENT HOUSING RENTAL APPLICATION

In compliance with the Federal definition of "Housing for Older Persons" Sec. 807, [42 U.S.C. 3607] Implemented at 24 CFR 100.300-308, the Soldotna Senior Independent Housing is intended for, and solely occupied by, persons 62 years of age or older.

I certify that I am age 62 years of age or over and making application to reside at Soldotna Senior Independent Housing at 144 N. Fireweed in Soldotna, AK, which will be my primary residence.

Incomplete or falsified information will result in the rejection of this application for housing. You must update the information if it changes and at renewal of lease. If this application is approved, tenant(s) must make the security deposit, rental payment and sign the lease before the tenancy begins.

Soldotna Area Senior Citizens, Inc., Senior Independent Housing (Landlord) complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, financial status, national origin or other prohibited classifications.

Note: No pets are allowed. No smoking inside or within 20 feet of housing unit.

Unit has six 2-bedroom units and two 1-bedroom units.

Rental rates are based on market value: \$825 for 1 bedroom (784 sq.ft.), \$950 for 2-bedroom (973 sq.ft.). Resident pays for electricity, phone and cable.

Security deposit is \$825 for 1-bedroom and \$950 for 2-bedroom.

Refrigerator, stove, dishwasher, clothes washer and dryer are installed.

Applicant Information (1st person to reside in housing unit):

Name: _____

Social Security Number: _____ Date of Birth: _____ Sex: _____

Current Address _____ City _____ State _____ Zip _____

Telephone # _____ Emergency # _____ U.S. Citizen Y or N

Cell # _____ Fax # _____ Email Address _____

Person to notify in case of emergency: _____ Phone # _____

Have you been convicted of a felony? N or Y If yes, when? _____

(Also, if you answered yes, you may be asked to provide details)

Co-applicant Information (2nd person to reside in housing unit):

Name: _____

Social Security Number: _____ Date of Birth: _____ Sex: _____

Current Address _____ City _____ State _____ Zip _____

Telephone # _____ Emergency # _____ U.S. Citizen Y or N

Cell # _____ Fax # _____ Email Address _____

Person to notify in case of emergency: _____ Phone # _____

Have you been convicted of a felony? N or Y If yes, when? _____

(Also, if you answered yes, you may be asked to provide details)

Co-applicant Information (3rd person to reside in housing unit):

Name: _____

Social Security Number: _____ Date of Birth: _____ Sex: _____

Current Address _____ City _____ State _____ Zip _____

Telephone # _____ Emergency # _____ U.S. Citizen Y or N

Cell # _____ Fax # _____ Email Address _____

Person to notify in case of emergency: _____ Phone # _____

Have you been convicted of a felony? N or Y If yes, when? _____

(Also, if you answered yes, you may be asked to provide details)

Annual household adjusted income (include PFD and any housing support):

Minimum household income is based on monthly rent rate and \$600 for 1st person and \$300 per additional person:

1 bedroom unit 1 person \$1350 2 persons \$1650

2 bedroom unit 1 person \$1475 2 persons \$1775 3 persons \$2075

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Total _____

Number of bedrooms requested: 1 _____ 2 _____

Does applicant(s) own a vehicle (limit of 2 vehicles per unit)? Yes _____ No _____

Year _____ Make _____ Model _____ License # _____

State _____ Expiration Date _____ Insurance _____

Year _____ Make _____ Model _____ License # _____

State _____ Expiration Date _____ Insurance _____

Personal References:

Name _____ Phone # _____

Name _____ Phone # _____

Do you: Own your own home _____ Rent _____

Disclosure of Landlord for past 3 years:

Current Landlord _____ Address _____

Phone # _____

Prior Landlord _____ Address _____

Phone # _____

Credit References (credit cards, businesses or utility companies):

Name _____ Address _____

Account Number _____ Phone _____

Name _____ Address _____

Account Number _____ Phone _____

Name _____ Address _____

Account Number _____ Phone _____

CONSENT FORM FOR CREDIT, CRIMINAL AND RENTAL HISTORY

Required for all applications



Consent to Credit Check

Date _____

The undersigned applicant(s) authorizes Soldotna Area Senior Citizens, Inc., (SASC) or their agent to order and review applicant(s) credit history and investigate the accuracy of the information applicant(s) provided in applicant(s) rental application to obtain housing from SASC. The undersigned applicant(s) further authorize all banks, employers, creditors, references and any and all other persons to provide SASC any and all information concerning my credit history.

Printed Name

Signature

